

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Pilgrim Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 52 Missionary Rd Cromwell, CT 06416	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of two (2) residents (Resident #2) reviewed for abuse, the facility failed to ensure a resident was treated in a respectful and dignified manner. The findings include:</p> <p>Resident #2 had diagnoses that included anxiety, depression, fracture of the 7th rib, and hypertension.</p> <p>The quarterly [NAME] Data Set (MDS) assessment dated 1/31/2025 identified Resident #2 had a Brief Interview for Mental Status (BIMS) score of thirteen (13) indicative of intact cognition, was occasionally incontinent of bowel and bladder, required moderate assistance with ADLs, bed mobility, and transfers.</p> <p>The nurse's note dated 4/13/2025 at 3:47 P.M. written by Licensed Practical Nurse (LPN) #1 identified Resident #2 presented a complaint about disrespectful comments from Nurse Aide (NA) #1 and indicated Registered Nurse (RN) #1 spoke with Resident #2.</p> <p>The facility's reportable event form dated 4/14/2025 at 10:06 A.M. identified Resident #2 alleged on 4/13/2025 at 1:30 A.M. NA #1 was rude to h/her. The facility's summary dated 4/16/2025 identified that after performing a thorough investigation, the findings of the allegation of verbal abuse were unsubstantiated. The investigation identified that NA #1 did not conduct herself with the professional standards of the facility, NA #1 was terminated, and facility staff were re-educated on the abuse policy and professional conduct, which includes joking with the resident.</p> <p>The social workers' note dated 4/14/2025 at 4:22 P.M. written by Social Worker (SW) #1 identified she followed up with Resident #2 regarding a care concern over the weekend. SW #1 identified Resident #2 was alert and oriented and reported over the weekend NA #1 had rude behavior.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Pilgrim Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 52 Missionary Rd Cromwell, CT 06416	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview with Resident #2 on 5/1/2025 at 9:50 A.M. identified on 4/13/2025 when h/she was done using the bedpan h/she put the call light on. Resident #2 identified that NA #1 responded to h/her call light and when she entered the room NA #1 stated why don't you get off your lazy butt and go to the bathroom. Resident #2 identified h/she said, 'excuse me' and NA #1 replied I talk to my grandmother like that. Resident #2 identified h/she replied I am not your grandmother I am a resident here. Resident #2 identified NA #1 finished caring for h/her without any issues and left the room. Resident #2 indicated shortly after the incident she told NA #2 what happened, but did not want to make a big deal about it. Resident #2 identified that the staff at the facility did an investigation, notified the police, and h/she never saw NA #1 again. Resident #2 identified h/she felt NA #1 was rude and disrespectful.</p> <p>Interview with the Director of Nursing on 5/1/2025 at 10:06 A.M. identified on 4/13/2025 NA #1 did not treat Resident #2 in a respectful dignified manner. The DNS indicated that when staff respond to a call light they should always provide good customer service and treat the residents with respect and dignity.</p> <p>Although attempted, an interview with NA #1 wa not obtained.</p> <p>Review of the facility Resident Rights policy dated February 2021; in part, identified employees shall treat all residents with kindness, respect, and dignity.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Pilgrim Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 52 Missionary Rd Cromwell, CT 06416	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of two (2) residents (Resident #1) reviewed for abuse, the facility failed to report an allegation of abuse to the state agency. The findings include:</p> <p>Resident #1 had diagnoses that included dementia with severe anxiety, depression, adult failure to thrive, weakness, difficulty walking, and unsteadiness on feet.</p> <p>The quarterly [NAME] Data Set (MDS) assessment dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of three (3) indicative of severely impaired cognition, was always incontinent of bowel and bladder, and dependent on staff for ADLs including bed mobility, transfers, was non ambulatory and dependent on staff for mobility in the wheelchair.</p> <p>The Resident Care Plan dated 2/20/2025 identified at times Resident #1 refused or was combative with care, refused medications with interventions that directed to notify the provider and family of refusals of care and showers and educate the resident on the importance of getting out of bed to reduce the risk of pneumonia, skin breakdown, and weakness.</p> <p>APRN #1's note dated 4/8/2025 at 9:14 A.M. indicated it was a late entry note for an encounter date of 4/7/2025. APRN #1 identified Resident #1 had an unwitnessed fall, was found on the floor between the bed and window, and it was unknown if h/she hit h/her head. APRN #1 identified Resident #1 had refused nursing care and would be sent to the hospital for evaluation to rule out head injuries.</p> <p>Review of the emergency department notes dated 4/7/2025 at 3:01 P.M. identified Resident #1's family member was at the bedside and was not happy with the treatment by staff at Resident #1's current facility.</p> <p>Review of hospital history of present illness note dated 4/7/2025 at 9:15 P.M. by MD #2 (hospital provider) identified Resident #1 remembered the events of the night before, h/she confirmed that h/she slid out of bed because h/she was attempting to leave, and the reason h/she wanted to leave was not just due to inattention from staff, but Resident #1 said they were guilty of assault.</p> <p>Review of the hospital social worker consult note dated 4/8/2025 at 2:23 P.M. by Social Worker (SW) #2 identified she attempted to speak with Resident #1; however, h/she was resting. SW #2 identified she spoke with Family Member #1 who reported Resident #1 had been making comments for some time and indicated Family Member #1 was aware that a mandated reporter form for long term care facilities was completed.</p> <p>A nurse's note dated 4/10/2025 at 6:25 P.M. by Registered Nurse (RN) #2 identified Resident #1 was re-admitted to the facility from the hospital, per report from the hospital nurse Resident #1 required 2 persons for all care due to accusations. RN #2 identified that Resident #1 would have 2 persons with care.</p> <p>A nurse's note dated 4/10/2025 at 9:47 P.M. by Licensed Practical Nurse (LPN) #2 identified Resident #1 was provided with care by 2 staff at all times due to accusatory behavior.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Pilgrim Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 52 Missionary Rd Cromwell, CT 06416	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The social worker's note dated 4/11/2025 at 2:20 P.M. by SW #1 identified Resident #1 was re-admitted to the facility on [DATE]. SW #1 indicated she and RN #2 met with Resident #1 who was very alert, talkative, and answered questions appropriately. SW #1 identified that while Resident #1 was in the hospital he/she reported concerns and made allegations. SW #1 indicated that she discussed with Resident #1 that during care there would be 2 staff and Resident #1 agreed.</p> <p>Interview with SW #1 on 5/1/2025 at 10:31 A.M. identified on 4/11/2025 while reviewing Resident #1's hospital referral documents she became aware that Resident #1 reported to the staff at the hospital that h/she had been assaulted and/or mistreated by the staff at the facility. SW #1 indicated on 4/11/2025 she and RN #2 went to meet with Resident #1 and ask if h/she felt safe or had any concerns. SW #1 indicated that Resident #1 stated h/she felt safe and had no concerns. SW #1 identified that she did not call to ask Resident #1's Power of Attorney if h/she had any concerns that Resident #1 had been mistreated.</p> <p>Interview with the Director of Nursing (DNS) and Administrator on 5/1/2025 at 12:59 P.M. identified on 4/11/2025 while reviewing Resident #1's hospital discharge summary and referral documents they became aware that Resident #1 reported to hospital staff that h/she had been assaulted and mistreated by staff at the facility. The DNS and Administrator identified they did not notify the state agency that Resident #1 alleged h/she was abused by staff at the facility because the hospital documentation indicated that they already completed the mandated reporter form for long term care facilities (W-410) and notified the Department of Public Health.</p> <p>Review of facility abuse, neglect, exploitation, or misappropriation policy dated April 2021, in part; identified all alleged violations must be reported but not later than: 2 hours if the alleged violation involves abuse and should be reported immediately to the State Agency.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Pilgrim Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 52 Missionary Rd Cromwell, CT 06416	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of two (2) residents (Resident #1) reviewed for abuse, the facility failed to conduct a complete and thorough investigation for an allegation of abuse. The findings include:</p> <p>Resident #1 had diagnoses that included dementia with severe anxiety, depression, adult failure to thrive, weakness, difficulty walking, and unsteadiness on feet.</p> <p>The quarterly [NAME] Data Set (MDS) assessment dated [DATE] identified Resident #1 had a Brief Interview for Mental Status (BIMS) score of three (3) indicative of severely impaired cognition, was always incontinent of bowel and bladder, and dependent on staff for ADLs including bed mobility, transfers, was non ambulatory and dependent on staff for mobility in the wheelchair.</p> <p>The Resident Care Plan dated 2/20/2025 identified at times Resident #1 refused or was combative with care, refused medications with interventions that directed to notify the provider and family of refusals of care and showers and educate the resident on the importance of getting out of bed to reduce the risk of pneumonia, skin breakdown, and weakness.</p> <p>APRN #1's note dated 4/8/2025 at 9:14 A.M. indicated it was a late entry note for an encounter date of 4/7/2025. APRN #1 identified Resident #1 had an unwitnessed fall, was found on the floor between the bed and window, and it was unknown if h/she hit h/her head. APRN #1 identified Resident #1 had refused nursing care and would be sent to the hospital for evaluation to rule out head injuries.</p> <p>Review of the emergency department notes dated 4/7/2025 at 3:01 P.M. identified Resident #1's family member was at the bedside and was not happy with the treatment by staff at Resident #1's current facility.</p> <p>Review of hospital history of present illness note dated 4/7/2025 at 9:15 P.M. by MD #2 (hospital provider) identified Resident #1 remembered the events of the night before, h/she confirmed that h/she slid out of bed because h/she was attempting to leave, and the reason h/she wanted to leave was not just due to inattention from staff, but Resident #1 said they were guilty of assault.</p> <p>Review of the hospital social worker consult note dated 4/8/2025 at 2:23 P.M. by Social Worker (SW) #2 identified she attempted to speak with Resident #1; however, h/she was resting. SW #2 identified she spoke with Family Member #1 who reported Resident #1 had been making comments for some time and indicated Family Member #1 was aware that a mandated reporter form for long term care facilities was completed.</p> <p>A nurse's note dated 4/10/2025 at 6:25 P.M. by Registered Nurse (RN) #2 identified Resident #1 was re-admitted to the facility from the hospital, per report from the hospital nurse Resident #1 required 2 persons for all care due to accusations. RN #2 identified that Resident #1 would have 2 persons with care.</p> <p>A nurse's note dated 4/10/2025 at 9:47 P.M. by Licensed Practical Nurse (LPN) #2 identified Resident #1 was provided with care by 2 staff at all times due to accusatory behavior.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Pilgrim Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 52 Missionary Rd Cromwell, CT 06416	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The social worker's note dated 4/11/2025 at 2:20 P.M. by SW #1 identified Resident #1 was re-admitted to the facility on [DATE]. SW #1 indicated she and RN #2 met with Resident #1 who was very alert, talkative, and answered questions appropriately. SW #1 identified that while Resident #1 was in the hospital he/she reported concerns and made allegations. SW #1 indicated that she discussed with Resident #1 that during care there would be 2 staff and Resident #1 agreed.</p> <p>Interview with SW #1 on 5/1/2025 at 10:31 A.M. identified on 4/11/2025 while reviewing Resident #1's hospital referral documents she became aware that Resident #1 reported to the staff at the hospital that h/she had been assaulted and/or mistreated by the staff at the facility. SW #1 indicated on 4/11/2025 she and RN #2 went to meet with Resident #1 and ask if h/she felt safe or had any concerns. SW #1 indicated that Resident #1 stated h/she felt safe and had no concerns. SW #1 identified that she did not call to ask Resident #1's Power of Attorney if h/she had any concerns that Resident #1 had been mistreated.</p> <p>Interview with the Director of Nursing (DNS) and Administrator on 5/1/2025 at 12:59 P.M. identified on 4/11/2025 while reviewing Resident #1's hospital discharge summary and referral documents they became aware that Resident #1 reported to hospital staff that h/she had been assaulted and mistreated by staff at the facility. They identified an investigation was not initiated. The DNS and Administrator indicated that since there was no verbal communication of the allegations of abuse or mistreatment, they were unaware that they needed to conduct a complete and thorough investigation. The DNS indicated that on 4/11/2025 she asked Resident #1 if h/she had any care concerns and Resident #1 denied care concerns. The DNS indicated that based on the hospital record which identified Resident #1 exhibited accusatory behaviors, Resident #1's care plan was updated and directed 2 staff with all care.</p> <p>Review of facility abuse, neglect, exploitation, or misappropriation policy dated April 2021, in part; upon receiving any allegations of abuse the administrator is responsible for determining what actions if any are needed for the protection of the residents, all allegations are thoroughly investigated, and the administrator initiates investigations.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Pilgrim Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 52 Missionary Rd Cromwell, CT 06416	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of the clinical record, facility documentation, facility policy, and interviews for one (1) of two (2) residents (Resident #2) reviewed for abuse, the facility failed to ensure appropriate interventions were implemented following an allegation of staff-to-resident verbal abuse. The findings include:</p> <p>Resident #2 had diagnoses that included anxiety, depression, fracture of the 7th rib, and hypertension.</p> <p>The quarterly [NAME] Data Set (MDS) assessment dated 1/31/2025 identified Resident #2 had a Brief Interview for Mental Status (BIMS) score of thirteen (13) indicative of intact cognition, was occasionally incontinent of bowel and bladder, required moderate assistance with ADLs, bed mobility, and transfers.</p> <p>The nurse's note dated 4/13/2025 at 3:47 P.M. written by Licensed Practical Nurse (LPN) #1 identified Resident #2 presented a complaint about disrespectful comments from Nurse Aide (NA) #1 and indicated Registered Nurse (RN) #1 spoke with Resident #2.</p> <p>The facility's reportable event form dated 4/14/2025 at 10:06 A.M. identified Resident #2 alleged on 4/13/2025 at 1:30 A.M. NA #1 was rude to h/her. The facility's summary dated 4/16/2025 identified that after performing a thorough investigation, the findings of the allegation of verbal abuse were unsubstantiated. The investigation identified that NA #1 did not conduct herself with the professional standards of the facility, NA #1 was terminated, and facility staff were re-educated on the abuse policy and professional conduct, which includes joking with the resident.</p> <p>The social workers' note dated 4/14/2025 at 4:22 P.M. written by Social Worker (SW) #1 identified she followed up with Resident #2 regarding a care concern over the weekend. SW #1 identified Resident #2 was alert and oriented and reported over the weekend NA #1 had rude behavior.</p> <p>Interview with Resident #2 on 5/1/2025 at 9:50 A.M. identified on 4/13/2025 when h/she was done using the bedpan h/she put the call light on. Resident #2 identified that NA #1 responded to h/her call light and when she entered the room NA #1 stated why don't you get off your lazy butt and go to the bathroom. Resident #2 identified h/she said, 'excuse me' and NA #1 replied I talk to my grandmother like that. Resident #2 identified h/she replied I am not your grandmother I am a resident here. Resident #2 identified NA #1 finished caring for h/her without any issues and left the room. Resident #2 indicated shortly after the incident she told NA #2 what happened, but did not want to make a big deal about it. Resident #2 identified that the staff at the facility did an investigation, notified the police, and h/she never saw NA #1 again. Resident #2 identified h/she felt NA #1 was rude and disrespectful.</p> <p>Review of Resident #2's care plan on 5/1/2025 failed to identify revisions to the care plan to include interventions after the allegation of verbal abuse on 4/14/2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 075306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Pilgrim Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 52 Missionary Rd Cromwell, CT 06416	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview and clinical record review with the Director of Nursing on 5/1/2025 at 10:06 A.M. identified that after an allegation of staff to resident abuse, a comprehensive care plan should be implemented with appropriate interventions. The DNS was unable to provide documentation to reflect Resident #2 had a comprehensive care plan implemented following the allegation of verbal abuse on 4/14/2025. The DNS identified Resident #2 should have had a care plan implemented with appropriate interventions to identify and address the negative interaction Resident #2 had with NA #1.</p> <p>Review of the facility care plan comprehensive person-centered policy dated March 2022; in part, the care plan interventions are chosen only after data gathering, proper sequencing of events, care consideration of the relationship between the residents' problem areas and their causes, and relevant clinical information. Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' condition changes.</p>		